

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90114 024 ***158.75

DOCUMENT # G80545 1. Entity Name CASH INN OF DADE, INC.					
Principal Place of Business 13505 N.W. 7TH AVENUE N. MIAMI, FL 33168			Mailing Address 13505 N.W. 7TH AVENUE N. MIAMI, FL 33168		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2382586	
Zip		Country		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MINER ROBERT F 13505 NW 7TH AVE N MIAMI, FL 33168			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	☐ Delete	TITLE	☒ Change ☐ Addition	
NAME	MINER, ROBERT FRANCES		NAME		
STREET ADDRESS	19017 E LAKE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP	Miami, Florida 33015	
TITLE	DVP	☐ Delete	TITLE	☒ Change ☐ Addition	
NAME	MINER, B.J.		NAME		
STREET ADDRESS	19017 E LAKE DR		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP	Miami, Florida 33015	
TITLE	DVP	☐ Delete	TITLE	☒ Change ☐ Addition	
NAME	MINER, ROBERT F		NAME	Miner, Jr., Robert F.	
STREET ADDRESS	800 NW 141 ST AVE 111		STREET ADDRESS	1410 S.W. 159th Avenue	
CITY-ST-ZIP	HOLLYWOOD, FL 33028		CITY-ST-ZIP	Pembroke Pines, FL 33027	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:		B.J. Miner, Vice President		05/04/2004	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	